PAGE 1 / 24

### **FEC** FORM 3X

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

	For Other Than An Auth	onzea Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Healthcare Freedom F	Fund		
ADDRESS (number and street)	PO Box 2485		
▼ Check if different			
than previously reported. (ACC)	Springfield		VA 22152
2. FEC IDENTIFICATION N	IUMBER ▼ CITY	<b>′</b> ▲	STATE ▲ ZIP CODE ▲
C C00528414	3. IS	THIS NEW (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:	Mar 2	20 (M3) Jun 20 (M6	Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		0 (M4) Jul 20 (M7	Oct 20 (M10) Jan 31 (YE)
Quarterly Report (	Q1) (c) 12-Day PRE-Election	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report ( October 15	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (	Flooring	on	in the State of
Year-End Report (*)  July 31 Mid-Year Report (Non-election Year Only) (MY)	on (d) 30-Day POST-Election	General (30G)	Runoff (30R) Special (30S)
Termination Report	Report for the:	M = M / D = D	Y - Y - Y - Y in the
(TEN)	Election	on	State of
5. Covering Period 0		through 03	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined the		my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure	Grandy, Joe, , , er		
Signature of Treasurer	ndy, Joe, , ,	[Electronically Filed]	Date 04 / 13 / 2018
NOTE: Submission of false, error	neous, or incomplete information	may subject the person signing	this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name Healthcare Freedom Fund 01 01 2018 03 31 2018 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 6229.16 January 1, 2018 (b) Cash on Hand at 6229.16 Beginning of Reporting Period..... 147576.20 147576.20 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 153805.36 153805.36 6(a) and 6(c) for Column B)..... 96990.54 96990.54 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 56814.82 56814.82 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016) Page 3

Write or Type Committee Name Healthcare Freedom Fund 01 01 2018 03 31 2018 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 8076.20 8076.20 (i) Itemized (use Schedule A)..... 0.00 0.00 (ii) Unitemized ..... (iii) TOTAL (add 8076.20 8076.20 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 139500.00 139500.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 147576.20 147576.20 Totals to Line 33, page 5) .....▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ....... (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))....... 147576.20 147576.20 20. Total Federal Receipts 147576.20 147576.20 (subtract Line 18(c) from Line 19) .......▶

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: —  (a) Allocated Federal/Non-Federal		Carolinal Ioul to Pato		
Activity (from Schedule H4)	0.00	0.00		
(i) Federal Share		0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating  Expenditures	46990.54	46990.54		
(c) Total Operating Expenditures	40000 54	46990.54		
(add 21(a)(i), (a)(ii), and (b))	46990.54	40990.04		
Transfers to Affiliated/Other Party Committees	0.00	0.00		
Contributions to Federal Candidates/Committees and Other Political Committees	50000.00	50000.00		
Independent Expenditures	7 7 7	4 4		
(use Schedule E) Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	0.00		
(use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans MadeRefunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	4 4			
(such as PACs)(d) Total Contribution Refunds	0.00	0.00		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	0.00		
Other Disbursements (Including				
Non-Federal Donations)	0.00	0.00		
Federal Election Activity (52 U.S.C. § 30101(20)	))			
(a) Allocated Federal Election Activity				
(from Schedule H6)				
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	96990.54	96990.54		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	00000.54			
	96990.54	96990.54		

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 05/2016)

of Disbursements

1 LC FOIII 3X (Nev. 05/2010)		i age 3			
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
33. Total Contributions (other than loans) (from Line 11(d), page 3)	. 147576.20	147576.20			
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00			
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	. 147576.20	147576.20			
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	46990.54	46990.54			
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00			
38. Net Operating Expenditures (subtract Line 37 from Line 36)	46990.54	46990.54			

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)

F	OR	LINE	PAGE		6	OF		24			
(0	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16	;		17

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Healthcare Freedom Fund Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Jacobs, Joey, A.,, Date of Receipt Mailing Address 9229 Hunterboro Drive 2018 City Zip Code State Transaction ID: SA11AI.5934 TN Brentwood 37027 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CEO Acadia Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Orrico, Katherine, , , Date of Receipt Mailing Address PO Box 4876 2018 City State Zip Code Transaction ID: SA11AI.5910 MD Annapolis 21403-6876 Amount of Each Receipt this Period FEC ID number of contributing 376.20 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Am. Assn. of Neuro Surgeons In-kind - Acadiana:Food/Beverage Gov. Relations Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 376.20 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Willcox, Darren, , , Date of Receipt Mailing Address 9696 Mill Ridge Lane 2018 City Zip Code State Transaction ID: SA11AI.5931 VA**Great Falls** 22066 Amount of Each Receipt this Period FEC ID number of contributing C 2700.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) W Strategies Consultant Receipt For: Aggregate Year-to-Date ▼ Primary General 2700.00 Other (specify) 8076.20 SUBTOTAL of Receipts This Page (optional)..... 8076.20 TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 OF 24					
TEMIZED RECEIPTS		for each category of the  Detailed Summary Page	(check only one)  11a 11b  11c 12					
Anniation and the second Obligation			13 14 15 16 17					
Any information copied from such Reports and State or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund								
Full Name of Individual (Last, First, Middle Initial) AMERICAN ACADEMY OF DERMATOLOGY ASSOCIAT			Date of Receipt					
Mailing Address 1445 NEW YORK AVENUE NW STE 800			03 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State DC	Zip Code	Transaction ID : SA11C.5943					
WASHINGTON  EEC ID number of contributing		20005	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C co	0359539	5000.00					
Name of Employer (for Individual)	Осс	upation (for Individual)	Memo Item					
	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼		5000.00						
Full Name of Individual (Last, First, Middle Initial)  AMERICAN ACADEMY OF FAMILY PHYSICIA			Date of Receipt					
Mailing Address 1133 CONNECTICUT AVE NW SUITE 1100	I a		02 22 2018					
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SA11C.5933  Amount of Each Receipt this Period					
EEC ID number of contributing	C co							
federal political committee.	C Coo	0411553	2500.00					
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
	Aggregate	Year-to-Date ▼						
Primary General  Other (specify) ▼		2500.00						
Full Name of Individual (Last, First, Middle Initial)								
AMERICAN ACADEMY OF OPHTHALMOLOGY INC	POLITICA	AL COMMITTEE (OPHTHPAC)	Date of Receipt					
Mailing Address 655 BEACH STREET			02 19 2018					
City SAN FRANCISCO	State CA	Zip Code 94109	Transaction ID : SA11C.5919					
EEC ID number of contributing		34103	Amount of Each Receipt this Period					
federal political committee.	C co	0196246	5000.00					
Name of Employer (for Individual)		upation (for Individual)	Memo Item					
	Aggregate	Year-to-Date ▼	7					
Primary General Other (specify)	- : :	5000.00						
SUBTOTAL of Receipts This Page (optional)			12500.00					

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 OF 24 (check only one)  11a 11b
Any information copied from such Reports and sor for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund			
Full Name of Individual (Last, First, Middle In AMERICAN ACADEMY OF OTOLARYNGOL Mailing Address 1650 DIAGONAL ROAD			Date of Receipt  03 31 2018
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SA11C.5969  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C co	0306449	5000.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	]
Full Name of Individual (Last, First, Middle In AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEON	IS PÓLITICAL ACT	TION COMMITTEE (NEUROSURGERYPAC)	Date of Receipt
Mailing Address 25 MASSACHUSETTS AVEN	NUE, NW, SUI	TE Zip Code	03 26 2018
WASHINGTON	DC	20001	Transaction ID : SA11C.5963  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C co	0413955	5000.00
Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
Full Name of Individual (Last, First, Middle In AMERICAN COLLEGE OF CARDIOL	itial) or Full C OGY POLIT	Organization Name TICAL ACTION COMMITTEE	Date of Receipt
Mailing Address 2400 N ST NW	01-1-	7. 0.4	03 12 2018
City WASHINGTON	State DC	Zip Code 20037	Transaction ID : SA11C.5944  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C co	0375360	5000.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This Page (optional)			15000.00

# ITEMIZED RECEIPTS

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) 24 FOR LINE NUMBER: **PAGE** 9 OF Use separate schedule(s) (check only one) for each category of the **X** 11c 11a 11b 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Healthcare Freedom Fund Full Name of Individual (Last, First, Middle Initial) or Full Organization Name AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION PAC Date of Receipt Mailing Address 1891 PRESTON WHITE DRIVE 2018 City Zip Code State Transaction ID: SA11C.5935 RESTON VA 20191 Amount of Each Receipt this Period FEC ID number of contributing C00343459 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC) Date of Receipt Mailing Address 2200 LAKE BOULEVARD NE 2018 20 City State Zip Code Transaction ID: SA11C.5930 GA **ATLANTA** 30319 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 C00432823 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 5000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name AMERICAN COLLEGE OF SURGEONS PROFESSIONAL ASSOCIATION PAC Date of Receipt Mailing Address 20 F ST NW, STE 1000 22 2018 ATTN: SARA MORSE City Zip Code State Transaction ID: SA11C.5962 DC WASHINGTON 20001 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 C00382424 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) 12500.00 SUBTOTAL of Receipts This Page (optional).....

7

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 10 OF 24							
,		Use separate schedule(s)	(check only one)							
TEMIZED RECEIPTS		for each category of the	11a 11b <b>X</b> 11c 12							
		Detailed Summary Page	13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions							
1 1 7	ne name and a	duress of any political committee	e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund										
Full Name of Individual (Last, First, Middle   A. AMERICAN GASTROENTEROLOGIC			Date of Receipt							
Mailing Address 4926 DEL RAY AVENUE			03 05 2018							
City	State	Zip Code	Transaction ID : SA11C.5939							
BETHESDA	MD	20814	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C co	0423228	1000.00							
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General  Other (specify) ▼		1000.00								
Full Name of Individual (Last, First, Middle AMERICAN MEDICAL ASSOCIATION)			Date of Receipt							
Mailing Address 25 MASSACHUSETTS AVE SUITE 600	, NW		02 19 2018							
City	State	Zip Code	Transaction ID : SA11C.5922							
WASHINGTON	DC	20001	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C cod	0000422	5000.00							
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General	7.99.094.0		1							
Other (specify) ▼		5000.00								
Full Name of Individual (Last, First, Middle AMERICAN OPTOMETRIC ASSOCI			E Date of Receipt							
Mailing Address 1505 PRINCE STREET SUITE 300			03 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
City	State VA	Zip Code	Transaction ID : SA11C.5940							
ALEXANDRIA FEC ID number of contributing		22314	Amount of Each Receipt this Period							
federal political committee.	C co	0024968	5000.00							
Name of Employer (for Individual)		upation (for Individual)	Memo Item							
Receipt For: Primary General	Aggregate	Year-to-Date ▼								
Other (specify)		5000.00								
SUBTOTAL of Receipts This Page (optional).			11000.00							

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 OF 24 (check only one)							
TEMIZED RECEIPTS		for each category of the								
		Detailed Summary Page	11a 11b <b>X</b> 11c 12 13 14 15 16 17							
Any information copied from such Reports and sor for commercial purposes, other than using the			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund										
Full Name of Individual (Last, First, Middle In AMERICAN OSTEOPATHIC INFORMATION ASSOCIAT	nitial) or Full C ION - OSTEOPAT	rganization Name HIC POLITICAL ACTION COMMITTEE	Date of Receipt							
Mailing Address 1090 VERMONT AVE., NW SUITE 500		I and a second	03 31 2018							
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SA11C.5968  Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C co	0113803	2500.00							
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00								
Full Name of Individual (Last, First, Middle In AMERICAN PSYCHIATRIC ASSOCIAT			Date of Receipt							
Mailing Address 800 MAINE AVE SW SUITE 900			03 29 2018							
City WASHINGTON	State DC	Zip Code 20024	Transaction ID : SA11C.5966  Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C co	0373696	1000.00							
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00								
Full Name of Individual (Last, First, Middle In AMERIPRISE FINANCIAL INC. POLITICAL	nitial) or Full C ACTION COM	rganization Name IMITTEE (AMERIPRISEPAC)	Date of Receipt							
Mailing Address 101 CONSTITUTION AVE. N SUITE 701B EAST City	IW State	Zip Code	03 29 2018 Transaction ID : SA11C.5965							
WASHINGTON	DC	20001	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C co	0414474	2500.00							
Name of Employer (for Individual)		upation (for Individual)	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2500.00								
SUBTOTAL of Receipts This Page (optional)			6000.00							

SCHEDULE A (FEC Form 3X)		[	Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 OF 24							
TE	MIZED RECEIPTS		for each category of the	(check only one)							
TEMPLES REGENTO			Detailed Summary Page		11a		11b	X	11c	12	
					13		14		15	16	17
	r information copied from such Reports and State or commercial purposes, other than using the na										
\	NAME OF COMMITTEE (In Full)										
	Healthcare Freedom Fund										
	Full Name of Individual (Last, First, Middle Initial ARGENTUM'S SILVER PAC	or Full O	Organization Name		Date of	Re	ceipt				
ا	Mailing Address 1650 KING STREET SUITE 602				M M	/	12		/ Y	2018	Y
(	City	State	Zip Code		Trans	acti	on ID	: S	A11C.5	945	
_	ALEXANDRIA	VA	22314	_ A	mount	of	Each	Red	ceipt thi	s Period	
	FEC ID number of contributing rederal political committee.	C coo	0338020				,		4	5000.0	00
Ī	Name of Employer (for Individual)	Occi	upation (for Individual)		Me	emo	Item				
Ī		Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼										
			4-14-14-14-14-14-14-14-14-14-14-14-14-14								
	Full Name of Individual (Last, First, Middle Initial AXA EQUITABLE LIFE INSURANCE COMPANY F				Date of	Re	ceipt				
Ī	Mailing Address 1290 AVENUE OF THE AMERIC	AS		1	M = M 02	/	22		/ Y	2018	Y
(	City	State	Zip Code	7 "	Transa	actio	on ID	: S	A11C.59		_
_	NEW YORK	NY	10104							s Period	
	FEC ID number of contributing	C coo	0161901							1000.0	00
1	ederal political committee.	0 000	1000.00								
Ī	Name of Employer (for Individual)	Оссі	supation (for Individual)		Me	emo	Item				
Ī		Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		1000.00								
	Other (specify)		100000								
).	Full Name of Individual (Last, First, Middle Initial BWX TECHNOLOGIES, INC POLIT				Date of	Re	ceipt				
Ī	Mailing Address 2016 MT. ATHOS ROAD			] [	M = M	/	14		/ Y	2018	Y
(	City	State	Zip Code		Trans	acti	on ID	: S	A11C.5	956	
-	LYNCHBURG	VA	24504	A	mount	of	Each	Red	ceipt thi	s Period	
	FEC ID number of contributing dederal political committee.	C coo	0365502		_	_	,		,	5000.0	00
Ī	Name of Employer (for Individual)	Occu	upation (for Individual)		Me	emo	Item				
Ī	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		5000.00								
SL	JBTOTAL of Receipts This Page (optional)		<b>&gt;</b>		Ξ		,		, j	11000.0	00
					_					_	_

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 OF 24 (check only one)					
TEMIZED RECEIPTS			for each category of the Detailed Summary Page	(crieck only one)					
			Detailed Suffilliary Page	13 14 15 16 17					
	information copied from such Reports and Stat r commercial purposes, other than using the na			erson for the purpose of soliciting contributions to solicit contributions from such committee.					
	AME OF COMMITTEE (In Full) Healthcare Freedom Fund								
	ull Name of Individual (Last, First, Middle Initial CERNER CORPORATION PAC	) or Full Or	ganization Name	Date of Receipt					
_	ailing Address 2800 ROCKCREEK PARKWAY			03 12 2018					
	ity ANSAS CITY	State	Zip Code 64117	Transaction ID : SA11C.5946					
_	EC ID number of contributing		04111	Amount of Each Receipt this Period					
	deral political committee.	C c00	410589	5000.00					
N	ame of Employer (for Individual)	Occu	pation (for Individual)	Memo Item					
R	eceipt For:	Aggregate `	Year-to-Date ▼						
	Primary General Other (specify) ▼		5000.00	1					
L	Other (specify) •		0000.00	l					
	ull Name of Individual (Last, First, Middle Initial FC COMPASSUS LLC PAC	) or Full Or	ganization Name	Date of Receipt					
M	ailing Address 10 CADILLAC DRIVE STE 400			02 19 2018					
	ity	State	Zip Code	Transaction ID : SA11C.5924					
_	RENTWOOD	TN	37027	Amount of Each Receipt this Period					
	EC ID number of contributing deral political committee.	C C00	581728	5000.00					
N	ame of Employer (for Individual)	Осси	upation (for Individual)	Memo Item					
R		Aggregate `	Year-to-Date ▼						
	Primary General Other (specify) ▼	· · ·	5000.00	1					
L	Suiter (openity) V		4 333						
	ull Name of Individual (Last, First, Middle Initial GREAT AMERICA COMMITTEE	) or Full Or	ganization Name	Date of Receipt					
M	ailing Address PO BOX 28022			01 08 2018					
	ity MASHINGTON	State DC	Zip Code	Transaction ID : SA11C.5917					
_	VASHINGTON	DC	20038	Amount of Each Receipt this Period					
		C coo	640664	5000.00					
		Occu	pation (for Individual)	Memo Item					
		Aggregate	Year-to-Date ▼						
	Primary General Other (specify)		5000.00						
SUE	BTOTAL of Receipts This Page (optional)			15000.00					
	,		<u>^</u>						
TOT	TAL This Period (last page this line number on	ly)							

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 OF 24 (check only one)					
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b <b>X</b> 11c 12 13 14 15 16 17					
Any information copied from such Reports and St or for commercial purposes, other than using the								
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund								
Full Name of Individual (Last, First, Middle Initi  INVESTMENT COMPANY INSTITUTE P  Mailing Address 1401 H STREET NW SUITE 12	OLITICAL		Date of Receipt  03 12 2018					
City WASHINGTON	State	Zip Code 20005	Transaction ID : SA11C.5948					
FEC ID number of contributing federal political committee.	C co	0105981	Amount of Each Receipt this Period  5000.00					
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00						
Full Name of Individual (Last, First, Middle Initi 3. LEIDOS INC. POLITICAL ACTION C			Date of Receipt					
Mailing Address 301 LABORATORY ROAD			02 19 2018					
City OAK RIDGE	State TN	Zip Code 37830	Transaction ID : SA11C.5926  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C coo	0546234	5000.00					
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00						
Full Name of Individual (Last, First, Middle Initi MAJORITY COMMITTEE PACM		rganization Name	Date of Receipt					
Mailing Address PO BOX 10134			03 12 2018					
City BAKERSFIELD	State CA	Zip Code 93389	Transaction ID : SA11C.5950  Amount of Each Receipt this Period					
nederal political committee.		0428052	5000.00					
		upation (for Individual)	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5000.00						
SUBTOTAL of Receipts This Page (optional)		·····	15000.00					

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 15 OF 24 (check only one)					
		Detailed Summary Page	11a 11b <b>x</b> 11c 12 13 14 15 16 17					
Any information copied from such Reports and or for commercial purposes, other than using the								
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund								
Full Name of Individual (Last, First, Middle In MCKESSON CORPORATION EMPLO			Date of Receipt					
Mailing Address ONE POST STREET 32ND FLOOR			03					
City SAN FRANCISCO	State CA	Zip Code 94104	Transaction ID : SA11C.5942  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C cod	0108035	2500.00					
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item					
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00						
Full Name of Individual (Last, First, Middle In NATIONAL COMMUNITY PHARM Mailing Address 100 DAINGERFIELD ROAD			Date of Receipt  03 19 2018					
City	State	Zip Code	Transaction ID : SA11C.5959					
ALEXANDRIA	VA	22314	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C cod	0030809	2500.00					
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
Receipt For:  Primary  General	Aggregate	Year-to-Date ▼						
Other (specify) ▼	L	2500.00						
Full Name of Individual (Last, First, Middle In NATIONAL EMERGENCY MEDICINE POLITICAL ACTION	nitial) or Full O	rganization Name BERICAN COLLEGE OF EMERGENCY PHY	Date of Receipt					
Mailing Address 4950 W ROYAL LANE			02 19 2018					
City IRVING	State TX	Zip Code 75038	Transaction ID : SA11C.5928  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C co	0140061	5000.00					
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5000.00						
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	10000.00					
TOTAL This Period (last page this line number	r only)							

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 OF 24 (check only one)  11a
	ny information copied from such Reports and State for commercial purposes, other than using the r			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Healthcare Freedom Fund			
Α.	Full Name of Individual (Last, First, Middle Initial POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIA	al) or Full C	Organization Name OPAEDIC SURGEONSPAC OF AAO	Date of Receipt
	Mailing Address 317 MASSACHUSETTS AVE., 1ST FLOOR	N.E.		03 05 2018
	City	State	Zip Code	Transaction ID : SA11C.5938
	WASHINGTON	DC	20002	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C co	0343137	5000.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
В.	Full Name of Individual (Last, First, Middle Initial SELF-INSURANCE INSTITUTE OF AMERICA	al) or Full C A, INC. PA	Organization Name C (SELF-INSURANCE PAC)	Date of Receipt
	Mailing Address 20 F STREET NW SUITE 700	0	7. 0.4	03 05 7 2018
	City WASHINGTON	State DC	Zip Code 20001	Transaction ID : SA11C.5936  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C co	0457366	5000.00
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼  5000.00	
<del>С</del> .	Full Name of Individual (Last, First, Middle Initia SHEET METAL AND AIR CONDITIONING CONTR			Date of Receipt
	Mailing Address 4201 LAFAYETTE CENTER DR	RIVE		03
	City CHANTILLY	State VA	Zip Code 20151	Transaction ID : SA11C.5953
	FEC ID number of contributing federal political committee.		0013961	Amount of Each Receipt this Period  5000.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5000.00	
5	SUBTOTAL of Receipts This Page (optional)			15000.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 17 OF 24 (check only one)			
		Detailed Summary Page	11a 11b <b>X</b> 11c 12 13 14 15 16 17			
Any information copied from such Reports and State or for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund						
Full Name of Individual (Last, First, Middle Initial SOCIETY FOR VASCULAR SURGERY For Mailing Address 633 N. ST. CLAIR ST.  24TH FLOOR  City  CHICAGO  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For:  Primary  General	State IL C Coo		Date of Receipt    M			
Tell Name of Individual (Last, First, Middle Initial SOCIETY FOR VASCULAR SURGERY Mailing Address 633 N. ST. CLAIR ST.  24TH FLOOR  City  CHICAGO		rganization Name	Date of Receipt  03 15 2018  Transaction ID: SA11C.5957  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.  Name of Employer (for Individual)		upation (for Individual)	2500.00 Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00				
Full Name of Individual (Last, First, Middle Initia SOCIETY OF THORACIC SURGEONS Mailing Address 20 F STREET, NW SUITE 310 C  City WASHINGTON  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For: Primary General Other (specify)	State DC Co	Zip Code 20001  D325936  upation (for Individual)  Year-to-Date   1000.00	Date of Receipt  12 2018  Transaction ID: SA11C.5952  Amount of Each Receipt this Period  1000.00  Memo Item			
SUBTOTAL of Receipts This Page (optional)		·····	6000.00			

COUEDINE A /FFO Farms OV	`		T ====						
SCHEDULE A (FEC Form 3X	)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 OF 24 (check only one)						
TEMIZED RECEIPTS		for each category of the							
		Detailed Summary Page	11a 11b <b>X</b> 11c 12						
			13   14   15   16   17						
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)		au coo o any pomioa committee							
Healthcare Freedom Fund									
/ ricalineare ricedom rand									
Full Name of Individual (Last, First, Middle	Initial) or Full C	rganization Name							
A. SPINE PAC OF THE NATIONAL ASS	SPINE PAC OF THE NATIONAL ASSOCIATION OF SPINE SPECIALISTS								
Mailing Address 7075 VETERANS BLVD.	M = M / D = D / Y = Y = Y								
			03 12 2018						
City	State	Zip Code	Transaction ID : SA11C.5951						
BURR RIDGE	IL	60527	Amount of Each Receipt this Period						
FEC ID number of contributing	C C00	0349225	1000.00						
federal political committee.	O Co	3349223	4 4						
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
,		,							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General	, iggi ogalo	Tour to Bate	1						
Other (specify) ▼		1000.00							
		,							
Full Name of Individual (Last, First, Middle									
3. TEXTRON INC. POLITICAL ACT		IIEE	Date of Receipt						
Mailing Address 40 WESTMINSTER STREI	ĒΤ		03 29 2018						
City	State	Zip Code							
PROVIDENCE	RI	02903	Transaction ID : SA11C.5967  Amount of Each Receipt this Period						
		02000	Amount or Each neceipt this Period						
FEC ID number of contributing federal political committee.	C coo	0123612	1000.00						
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
Receipt For:			_						
Primary General	Aggregate	Year-to-Date ▼							
Other (specify) $\blacktriangledown$		1000.00							
cases (operator) V			1						
Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name							
TRUCKING POLITICAL ACTION COMMITTEE OF	THE ÁMERICAN T	RUCKING ASSOCIATIONS INC.	Date of Receipt						
Mailing Address 430 FIRST STREET SE			M M / D D / Y Y Y Y						
	10		03 19 2018						
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SA11C.5961						
WASHINGTON	BC	20003	Amount of Each Receipt this Period						
FEC ID number of contributing	C co	0002881	5000.00						
federal political committee.	9 1	11-11-1							
Name of Employer (for Individual)	lame of Employer (for Individual)  Occupation (for Individual)								
·									
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General		5000.00	1						
Other (specify)		3000.00	J						
CURTOTAL of Descripto This Descriptor			7000.00						
SUBTOTAL of Receipts This Page (optional)		······							
TOTAL This Period (last page this line numb	er only)								
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### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 19 OF Use separate schedule(s) (check only one) for each category of the **X** 11c 11b 11a 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Healthcare Freedom Fund Full Name of Individual (Last, First, Middle Initial) or Full Organization Name US ONCOLOGY INC. NETWORK POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 10101 WOODLOCH FOREST DRIVE 12 2018 City Zip Code State Transaction ID: SA11C.5954 TX THE WOODLANDS 77380 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 C00339655 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. WALMART INC. PAC FOR RESPONSIBLE GOVERNMENT Date of Receipt Mailing Address 702 S.W. 8TH STREET 2018 City State Zip Code Transaction ID: SA11C.5970 **BENTONVILLE** AR 72716 Amount of Each Receipt this Period FEC ID number of contributing C00093054 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 3500.00 SUBTOTAL of Receipts This Page (optional)..... 139500.00

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	FOR LINE (check only	y one)				
			28a	28b 28c 29 30b				
Any information copied from such Reports and State or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)		, poout						
Healthcare Freedom Fund								
Full Name (Last, First, Middle Initial)  A. BB&T				Date of Disbursement				
Mailing Address PO Box 200	01 10 2018							
City Wilson	State NC	Zip Code 27894-0200		FEC Identification Number				
Purpose of Disbursement Credit Card Payment Candidate Name		[	001	Transaction ID : SB21B.5971 Amount of Each Disbursement this Period  1337.13  Memo Item				
ouridadio Numo			Category/ Type					
Office Sought: House Disburs Senate President	ement For: Primary Other (spe	General						
State: District:	Other (spe	ony) ▼						
B. Capitol Hill Club  Mailing Address 300 1st Street SE				Date of Disbursement  12				
City Washington	State DC	Zip Code 20003		FEC Identification Number				
Purpose of Disbursement Food/Beverage	1		003	C Transaction ID : SB21B.5971.0				
Candidate Name	Category/ Type	Amount of Each Disbursement this Period						
Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (spe	General cify)		1337.13 <b>X</b> Memo Item				
Full Name (Last, First, Middle Initial)  C. BB&T	Date of Disbursement							
Mailing Address PO Box 200		02 09 7 2018						
City Wilson								
Purpose of Disbursement Credit Card Payment Candidate Name	001 Category/ Type	Transaction ID: SB21B.5972 Amount of Each Disbursement this Period						
Office Sought: House Disburs Senate President	ement For: Primary Other (spe	General	71-1	1329.90				
State: District:	Other (spe	ony) ▼		Memo Item				
State: District:  SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number onl				2667.03				

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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 21								
ITEMIZED DISBURSEMENTS		parate schedule(s) h category of the	(Criccit Offi	' — ' —	<b>□ 00</b>						
		d Summary Page	<b>X</b> 21b 28a								
Any information copied from such Reports and Sta	tomonto moi	, not be cold or us									
or for commercial purposes, other than using the n											
NAME OF COMMITTEE (In Full)											
Healthcare Freedom Fund											
Full Name (Last, First, Middle Initial)				Date of D							
A. Capitol Hill Club	Capitol Hill Club										
Mailing Address 300 1st Street SE	Mailing Address 300 1st Street SE						01 16 2018				
City	State	Zip Code		FEC Ident	ification !	Number					
Washington	DC	20003					-				
Purpose of Disbursement Food/Beverage			003	C							
Candidate Name				Transaction ID : SB21B.597							
			Category/ Type	Amount of Each Disbursement this Period  1329.90  Memo Item							
	sement For:										
Senate	Primary	General									
State: District:	Other (sp	pechy) $\blacktriangledown$									
Full Name (Last, First, Middle Initial)											
B. BB&T					Date of Disbursement						
Mailing Address PO Box 200	03 14 2018										
City						FEC Identification Number					
Wilson Purpose of Disbursement	NC	27894-0200		C	-		-				
Credit Card Payment							F077				
Candidate Name		Category/ Type nent For: Primary General Other (specify)			Transaction ID : SB21B.5977 Amount of Each Disbursement this Period						
Office Country   House					2314.08						
Office Sought: House Disburs Senate	_										
President					П., .						
State: District:		· ·		Memo Item							
Full Name (Last, First, Middle Initial)											
C. Acadiana	Acadiana						Date of Disbursement				
Mailing Address 901 New York Ave NW		02 13 2018									
City	State	Zip Code		FFO Ident	lifi a a ti a la	N					
Washington	DC	20001	FEC Identification Number				-				
Purpose of Disbursement Food/Beverage	Purpose of Disbursement Food/Beverage 003					) : SB21B.	5977				
Candidate Name	Candidate Name  Category/ Type						nt this Period				
Office Sought: House Disburs	Office Sought: House Disbursement For:					- 45	1403.84				
Senate	General			,	, , , ,						
State: District:	Other (sp	ecify) 🔻	<b>X</b> Memo	Item							
State: District:											
SUBTOTAL of Disbursements This Page (optional	)						2314.08				
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TOTAL This Period (last page this line number or	ılv)				_						

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S	CHEDULE B (FEC Form 3X)			FOR LINE	PAGE 22 OF 2					
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check on	· ′					
			Summary Page	<b>X</b> 21b		23 28c	26 27 29 30b			
	ny information copied from such Reports and State	Ments may r	not he sold or us							
	for commercial purposes, other than using the nar									
	NAME OF COMMITTEE (In Full)									
	Healthcare Freedom Fund									
_	Full Name (Last, First, Middle Initial)				D-44 F					
A.	Pork Barrel BBQ	Date of Disbursement  O2 14 2018								
	Mailing Address 2312 Mt. Vernon Avenue									
	,	State Zip Code			FEC Iden	FEC Identification Number				
	Alexandria Purpose of Disbursement	VA	22301							
	Food/Beverage			003	C					
	Candidate Name			Category/	Transaction ID: SB21B.5977.: Amount of Each Disbursement this Period					
				Type		, and an each bisbursement this relieu				
		ment For:	0		721.50					
	Senate President	Primary Other (spec	General							
	State: District:	other (oper	5y) <b>↓</b>		<b>★</b> Mem	Item				
	Full Name (Last, First, Middle Initial)									
В.	Capitol Hill Club				Date of Disbursement					
	Mailing Address 300 1st Street SE	M M M	02 15 2018							
	Walling Address 300 Ist Street 3L	02 10 2010								
	,	State	Zip Code		FEC Iden	FEC Identification Number				
	Washington Purpose of Disbursement	DC	20003							
	Food/Beverage	003	C	ID 0004D 5077.4						
	Candidate Name		Category/ Type			Transaction ID : SB21B.5977.4 Amount of Each Disbursement this Period				
	Office Country									
	Office Sought: House Disburser Senate	ment For: Primary	General			7	162.70			
	President	Other (spec			<b>V</b>					
	State: District:				<b>X</b> Mem	Item				
_	Full Name (Last, First, Middle Initial)									
C.	Concentric Office, LLC					isburser				
	Mailing Address PO Box 2485	02 19 2018								
	City	State	Zip Code		FF0	1:4: 1'	Nivershau			
	Springfield	VA	22152		FEC Iden	uncation	i ivumber			
	Purpose of Disbursement Compliance Consulting	004	C							
	Candidate Name	001 Category/ Type	Transaction ID : SB21B.5974 Amount of Each Disbursement this Per							
	Office Sought: House Disburse			903.43						
	Senate	Primary	General			7	7 1 7			
	President	Other (spec		Memo Item						
_	State: District:									
5	UBTOTAL of Disbursements This Page (optional)			·····			903.43			
Γ.	OTAL This Paried (last nose this line surely sale)	\								
l '	<b>OTAL</b> This Period (last page this line number only	)								

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Use separate schedule(s) to check only one)  Dealer Summary Page    State   S	SCHEDULE B (FEC Form 3X)			FOR LIN	E 23 OF 24							
Detailed Summary Page   28   28   28   28   28   28   28   2	ITEMIZED DISBURSEMENTS			I `	<i></i>	y one)						
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  Healthcare Freedom Fund  Full Name (Last, First, Middle Initial)  A. Machado & Company  Mailing Address 6111 Newman Road  City Fairlax Purpose of Disbursement Fundraising Consulting  Candidate Name  Office Sought: House Senate Primary General Prindraising Consulting  City Fairlax Purpose of Disbursement Fundraising Consulting  City Fairlax Purpose of Disbursement Fundraising Consulting  City Fairlax Purpose of Disbursement Fundraising Consulting  Candidate Name  City Fairlax Purpose of Disbursement Fundraising Consulting  Candidate Name  Consulting Candidate Name  Consulting Candidate Name  Consulting Candidate Name  Consulting Candidate Name  Consulting Candidate Name  Consulting Candidate Name  Consulting Candidate Name  Consulting Consulting Consulting Candidate Name  Consulting												
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in purpose)  Healthcare Freedom Fund  Full Name (Last, First, Middle Initial)  A. Machado & Company  Mailing Address 6111 Newman Road  City State 22030-5918  Purpose of Disbursement Fundraising Consulting  Candidate Name  Cardidate Name  Category/ Type  District  Full Name (Last, First, Middle Initial)  B. Machado & Company  Mailing Address 6111 Newman Road  City State: District  Full Name (Last, First, Middle Initial)  B. Machado & Company  Mailing Address 6111 Newman Road  City State: District  Full Name (Last, First, Middle Initial)  City State: District  Full Name (Last, First, Middle Initial)  City State: District  Full Name (Last, First, Middle Initial)  City State: District  Full Name (Last, First, Middle Initial)  City State: District  Full Name (Last, First, Middle Initial)  City State: District  Full Name (Last, First, Middle Initial)  City State: District  Full Name (Last, First, Middle Initial)  City State: District  Full Name (Last, First, Middle Initial)  Condidate Name  Category/ Type  11025.00  Memoritem  Date of Disbursement  District  Full Name (Last, First, Middle Initial)  Condidate Name  Category/ Type  11025.00  Memoritem  FEC Identification Number  FEC Identification Number  FEC Identification Number  FEC Identification Number  Category/ Type  11025.00  Memoritem  FEC Identification Number  Type  11025.00  Memoritem  FEC Identification Number  FEC Identification Number  FEC Identification Number  Transaction ID: S8218.5912  Amount of Each Disbursement Init Page (optional)  Memoritem  FEC Identification Number  FEC Identification Number  Type  11025.00  Memoritem  FEC Identification Number  FEC Identification Number  FEC Identification Number  Typ	[											
Healthcare Freedom Fund												
Full Name (Last First, Middle Initial)  A. Machado & Company  Mailing Address 6111 Newman Road  City State VA 2030-5918  Purpose of Disbursement For: Candidate Name  Office Sough:	NAME OF COMMITTEE (In Full)											
A Machado & Company  Mailing Address 6111 Newman Road  City	Healthcare Freedom Fund											
Mailing Address 6111 Newman Road					5.							
City Fairfax Purpose of Disbursement Fundraising Consulting Candidate Name  Office Sought:  State:  Disbursement For: Senate President State:  Disbursement For: Senate Purpose of Disbursement Fundraising Consulting Candidate Name  Office Sought:  Disbursement Fundraising Consulting  Candidate Name  City Fairfax  VA  Disbursement Fundraising Consulting Candidate Name  Office Sought:  Fect Identification Number  Category/ Type  FEC Identification Number  Category/ Transaction ID: SB218.5979  Amount of Each Disbursement this Period  Transaction ID: SB218.5979  Amount of Each Disbursement  Date of Disbursement  Date of Disbursement  Date of Disbursement  Condidate Name  Category/ Office Sought:  FEC Identification Number  Condidate Name  FEC Identification Number  Condidate Name  Transaction ID: SB218.5979  Amount of Each Disbursement  Condidate Name  Category/  Date of Disbursement  Date of Disbursement  Condidate Name  Category/  Date of Disbursement  Condidate Name  Office Sought:  Date of Disbursement  Condidate Name  Category/  Transaction ID: SB218.5979  Amount of Each Disbursement  Condidate Name  Condidate Name  Category/  Category/  Category/  Category/  Amount of Each Disbursement Disbursement  Condidate Name  Condidate Name  Category/  Category/  Category/  Amount of Each Disbursement D								M M / D D / Y Y Y Y				
Fairlax	Mailing Address 6111 Newman Road	Mailing Address 6111 Newman Road						2018				
Purpose of Disbursement Fundraising Consulting Candidate Name  Office Sought: House Senate President Disbursement For: Senate President Other (specify) ▼  Memo Item  Date of Disbursement For John John John John John John John John	•				FEC Id	lentification	n Number					
Transaction ID: \$8218.5976 Amount of Each Disbursement this Period    Category/ Type		VA	22030-5916									
Caregory/ Type  Office Sought: House Senate Primary General Grity Annapolis Primary General Primary General Grity Annapolis Primary General Grity Annapolis General Grity Annapolis General Grity Annapolis General Grity Grity General Grity Grity General Grity General Grity Grity General Grity Grity General Grity Grity General Grity Grity Grity Grity Grity Grity Grity General Grity Grity Grity Grity Grity General Grity Grity Grity Grity Grity Grit				003								
Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) B. Machado & Company  Mailing Address 6111 Newman Road  City State VA 22030-5918  Purpose of Disbursement For: Other (specify)  Office Sought: House Disbursement For: Senate Primary General President State: District:  Full Name (Last, First, Middle Initial)  Candidate Name  Office Sought: House Disbursement For: Senate Primary General Primary General Primary Date of Disbursement Touther (specify)  Memo Item  Fill Name (Last, First, Middle Initial)  C. Orrico, Katherine, , ,  Malling Address PO Box 4876  City Annapolis Purpose of Disbursement For: District: District: Primary General P	Candidate Name											
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Mailing Address 6111 Newman Road  City												
Mailing Address 6111 Newman Road  City Fairfax Purpose of Disbursement Fundraising Consulting  Candidate Name  Office Sought: House President Primary General Other (specify)  Full Name (Last, First, Middle Initial)  C. Orrico, Katherine, , , Mailing Address PO Box 4876  City Annapolis Purpose of Disbursement In-kind - Acadiana-Food/Beverage  Candidate Name  Disbursement For: 11025.00  Date of Disbursement In-kind - Acadiana-Food/Beverage  Candidate Name  Category/ Type  Office Sought: House Disbursement For: 121403-6876  Purpose of Disbursement In-kind - Acadiana-Food/Beverage  Candidate Name  Office Sought: House Disbursement For: 1376.20  Senate President Other (specify) ▼  State: District: Memo Item  Substruction ID: SB218.5912  Amount of Each Disbursement Inis Period  Transaction ID: SB218.5912  Amount of Each Disbursement Inis Period  Memo Item  Substruction ID: SB218.5912  Amount of Each Disbursement Inis Period  Transaction ID: SB218.5912  Amount of Each Disbursement Inis Period  Memo Item  Substruction ID: SB218.5912  Amount of Each Disbursement Inis Period  Transaction ID: SB218.5912  Amount of Each Disbursement Inis Period  Memo Item	•	,										
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Any information copied from such Reports and Staten								
or for commercial purposes, other than using the nam	ne and addr	ess of any politic	al committee to	solicit contributions fr	om such committee.			
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund								
Healthcare Freedom Fund								
Full Name (Last, First, Middle Initial)				Data of Diahuwaana				
A. NRCC	Date of Disbursement							
Mailing Address 320 FIRST STREET SE	Mailing Address 320 FIRST STREET SE							
		7: 0 1						
City S WASHINGTON	State DC	Zip Code 20003		FEC Identification Number				
Purpose of Disbursement Committee Contribution				C C00075820				
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